Case 24-30167 Doc 171-1 Filed 11/26/24 Epter ad: 11/26/24 19:03:18 EXHIBIT A

# PAYMENT BOND

(See instructions on reverse)

DATE BOND EXEQUIED Must be gente of later than date of contract)

10/08/2020

OMB Control Number: 9000-0045 Expiration Date: 8/31/2022

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

24024 1111 1 1 1 2 2 2 1 0 1 0 1 0 1 0 1 0 1	
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)
Pro-Mark Services, Inc.	INDIVIDUAL PARTNERSHIP JOINT VENTURE
3275 Oak Ridge Loop E	CORPORATION OTHER (Specify)
West Fargo, ND 58078	
• '	STATE OF INCORPORATION
	North Dakota
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND
	MILLION(S) THOUSAND(S) HUNDRED(S) CENTS
Hartford Accident and Indemnity Company	
One Hartford Plaza	006 802 376 00
Hartford CT 06455 0004	CONTRACT DATE CONTRACT NUMBER
Hartford, CT 06155-0001	9/30/2020 FA460016D6003; DO #FA460020F0192
	i

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### **CONDITIONS:**

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

#### WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

Pro	-Mark Services	, Inc.		PRINCIPA	AL .				
SIGNATURE(S)		1. (Seal)	2.	(Seal)		3. (Seal)		Corporate	
NAME(S) & TITLE(S) (Typed)		Onad DuBois Vice President	2.		3.			Seal	
INDIVIDUAL SURETY(IES)									
SIGNATURE(S)  1. (Seal)				(Seal)					
	ME(S) ped)	1.			2.				
			CORP	ORATE SU	RETY(IE	5)			
⋖	NAME & ADDRESS	Hartford Accident and Indemnity C One Hartford Plaza, Hartford, CT 06	ompany 3155-0001		STATE OF	INCORPORATION	LIABILITY LIMIT \$ \$216,775,000		
SURETY	SIGNATURE(S)	1. William Or	altrau Vine		2.			Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	Jill Graveline Attorney-in-Fact			2.				

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		CORPORATE SURETY	(IES) (Continued)		
В	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		<i>,</i>
၁	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		
	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal
Ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2,		
5	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		2301

- 1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 USC Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of the bond, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals,
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of MOVAN DUVATU  County of MOVAN
On this day of 20_20_, before me personally appeared of the corporation that is
described in and that he or she executed the within instrument, and acknowledged to me that such
MANDY GRANT Notary Public  State of North Dakota My Commission Expires Jan. 14, 2022
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)  State of
On this day of 2020_, before me personally  Appeared known to be the person described in and who
executed the within instrument, and acknowledged to me that he/she executed the same.
(NOTARIAL SEAL)
ACKNOWLEDGMENT OF SURETY
State of North Dakota County of Cass
On this 8th day of October 20 20, before me personally
appearedJill Graveline known to be the person who is described in
and whose name is subscribed to the within instrument as Attorney in Fact of  Hartford Accident and Indemnity Company  and acknowledged to me that he or she
subscribed the name of Hartford Accident and Indemnity Company thereto as surety and
his or her own name as Attorney in Fact.
NOT WEND! WHEELER Notary Public State of North Dakota My Commission Expires Jan. 28, 2024

Doc 171-1 Filed 11/26/24

Entered 11/26/24 19:03:18 Desc Direct Inquiries/Claims to:

Exhibit A - Bonds Page 4 of 40 OF ATTOR

THE HARTFORD **BOND, T-12** One Hartford Plaza Hartford, Connecticut 06155 Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC Agency Code: 41-721584

Χ	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Χ	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Χ	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

Hartford

**COUNTY OF HARTFORD** 

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

CERTIFICATE

Kathleen T. Maynard Notary Public My Commission Expires July 31, 2021

Kathleen T. Maynard

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/08/2020 Signed and sealed at the City of Hartford.

















Kevin Heckman, Assistant Vice President

#### Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Page 5 of 40Bond No.: 41BCSII6242 Exhibit A - Bonds

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F

PERFORMANCE BOND

DATE BOND EXECUTED (Must be same or later than date of

OMB Control Number: 9000-0045

(See instructions on reverse)

10/08/2020

Expiration Date: 8/31/2022

Street, NVV, Washington, DC 20405.						
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)					
Pro-Mark Services, Inc.	INDIVIDUAL	PAR	TNERSH	HP JOINT V	ENTURE	
3275 Oak Ridge Loop E	CORPORATION	—— ОМ ПОТН	ER (Spe	cify)		
West Fargo, ND 58078						
	STATE OF INCOR	PORATION				
	North Dakota					
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND					
	MILLION(S)	THOUSAN	D(S)	HUNDRED(S)	CENTS	
Hartford Accident and Indemnity Company	006	802		376	00	
One Hartford Plaza	CONTRACT DATE		1	RACT NUMBER		
Hartford, CT 06155-0001	FA460016D6003; DO					
	9/30/2020		#FA46	0020F0192		

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The Principal has entered into the contract identified above.

#### THEREFORE:

The above obligation is void if the Principal-

- (a) (1) Performs and fulfills all the understanding, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(les) and during the life of any guaranty required under the contract, and
- (2) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(les) are waived.
- Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 USC Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

#### WITNESS:

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

Pro-	Mark Services,	Inc.		PI	RINCIPAL				
SIGNATURE(S)		1. (Seal)		2. (Seal)			0		
NAME(S) & TITLE(S) (Typed)		<sup>1</sup> Chad DuBois Vice President		2.		3.			Corporate Seal
				INDIVIDU	AL SURET	(IES)			
SIG	NATURE(S)	1.			(Seal)	2,			(Seal)
NAM (Type		1.				2.		. : 1	
				CORPORA	ATE SURET	Y(IES)			
	NAME & ADDRESS	Hartford Accident and In				STATE OF INC	CORPORATION t	LIABILITY LIMIT (\$) \$216,775,000.00	
SURETY	SIGNATURE(S)	1 / / / .	Na Chau Cine		2.			Corporate Seal	
SU	TITLE(S)	Jill Graveline				2.			
	(Typed)	Attorney-In-Fact							<u>L.,</u>

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e	CORPORATE SURETY(IES) (Continued)							
<b>.</b>	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)	Corporate			
SURETY	SIGNATURE(S)	TURE(S) 1. 2.						
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal			
ပ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal			
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal			
SURETY D	NAME & ADDRESS		TATE OF INCORPORATION LIABILITY LIMIT (\$)					
	SIGNATURE(S)	1.	2.		Corporate Seal			
	NAME(S) & TITLE(S) (Typed)	1.	2.					
ш	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT (\$)					
SURETY E	SIGNATURE(S)	1.	2.		Corporate Seal			
Ins	NAME(S) & TITLE(S) (Typed)	1.	2.					
F	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY F	SIGNATURE(S)	1.	2.		Corporate Seal			
SU	NAME(S) & TITLE(S) (Typed)	1.	2.					
ပ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY	SIGNATURE(S)		2.		Corporate Seal			
ns	NAME(S) & TITLE(S) (Typed)	1.	2.					

BOND	RATE PER THOUSAND (\$)	TOTAL (\$)
PREMIUM	\$5.52	\$37,560.00

- 1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of bonds, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When Individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each Individual surety shall accompany the bond. The government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGME	NT OF PRINCIPAL (CORPORATION)
State of NOVAN DALATA	
County of (1)	LACORE
On this day of	20 <u>20</u> , before me personally appeared
Chad DuBois known to be t	the <u>Vice President</u> of the corporation that is
described in and that he or she executed the corporation executed the same.	within instrument, and acknowledged to me that such
MANDY GRANT  (NOTAR Notary Public  State of North Dakota  My Commission Expires Jan. 14, 2022	Mand Gant
V My COMMINGOR	
ACKNOWLEDGMENT OF P	PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)
State of)	
County of	
On this day of	2020 hafara ma narsanally
On this day of know	wn to be the person described in and who
executed the within instrument, and acknow	ledged to me that he/she executed the same.
(NOTARIAL SEAL)	
	VV.
ACKNO.	WLEDGMENT OF SURETY
State of North Dakota	
County of <u>Cass</u>	
On this <u>8th</u> day of <u>October</u>	20 <u>20</u> , before me personally
appeared Jill Graveline	known to be the person who is described in
and whose name is subscribed to the within	instrument as Attorney in Fact of and acknowledged to me that he or she
Hartford Accident and Indemnity Company subscribed the name of Hartford Accident and Ir	
his or her own name as Attorney in Fact.	
	$\cdot \cap \cdot \cap \cap$
(NOWENDI/WHEELER)	( Neledi Hegolo,
Notary Public State of North Dakota	110 -10 000
My Commission Expires Jan. 28, 2024	

Case 24-30167

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ER OF ATTOR

THE HARTFORD BOND, T-12 **One Hartford Plaza** Hartford, Connecticut 06155 Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC

Agency Code: 41-721584

X	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
X	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
X	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
Г	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senlor Vice President

STATE OF CONNECTICUT **COUNTY OF HARTFORD** 

Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

> Kathleen T. Maynard Notary Public My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/08/2020 Signed and sealed at the City of Hartford.











CERTIFICATE







Kathleen T. Maynard

Kevin Heckman, Assistant Vice President

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## PERFORMANCE BOND

(See instructions on reverse)

DATE BOND EXECUTED (Must be same or later than date of

contract)

10/14/2021

OMB Control Number: 9000-0045 Expiration Date: 8/31/2022

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)						
Pro-Mark Services, Inc. 3275 Oak Ridge Loop E West Fargo, ND 58078	☐INDIVIDUAL ☐PARTNERSHIP ☐JOINT VENTURE ☐CORPORATION ☐OTHER (Specify)						
	STATE OF INCOR North Dakota	PORATION					
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND						
Hartford Accident and Indemnity Company One Hartford Plaza		THOUSAND	` '	HUNDRED(S) 882	CENTS 00		
Hartford, CT 06155-0001	i i		CONTRACT NUMBER FA452820D0004				
	9/27/2021			DO # FA452821F0091			

#### OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The Principal has entered into the contract identified above.

#### THEREFORE:

The above obligation is void if the Principal-

- (a) (1) Performs and fulfills all the understanding, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(ies) and during the life of any guaranty required under the contract, and
- (2) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(les) are waived.
- (b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 USC Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

#### WITNESS:

The Principal and Surety(les) executed this performance bond and affixed their seals on the above date.

Pro-	Mark Services,	Inc.	PRINCIPAL				
SIGNATURE(S)		1. (See)			3.		
TIT	E(S) & TLE(S) (ped)	1. Chad DuBois President	2.	(Seal)	3.	(Seal)	Corporate Seal
			INDIVIDUAL SURET	Y(IES)			
SIGNATURE(S)		1.	(Seal)	2.			(Seal)
NAME(S) (Typed)		1.		2.			i
			CORPORATE SURET	Y(IES)			311
٤	NAME & ADDRESS	Hartford Accident and Indemnity Com		STATE OF INC	CORPORATION	LIABILITY LIMIT (\$) \$219,310,000.00	
SURET	SIGNATURE(S)				2.		
	NAME(S) & TITLE(S)	Rebecca J. Hecker		2.			Seal
	(Typed)	Attorney-In-Fact					

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		EXCORRORATE SURETY(III	\$ନ୍ଦ୍ରGntikuelij 40					
В	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal			
าร ——	NAME(S) & TITLE(S) (Typed)	1.	2.					
	NAME & ADDRESS	STATE OF INCORPORATION LIABILITY LIMIT (\$)						
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal			
ns ——	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal			
۵	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY D	SIGNATURE(S)	1.	2.					
	NAME(S) & TITLE(S) (Typed)	1.	2.					
m	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIM					
SURETY E	SIGNATURE(S)		2.					
Sn	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal			
μ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)				
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal			
ns 	NAME(S) & TITLE(S) (Typed)	1.	2.					
ပ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)	Corporate Seal			
SURETY G	SIGNATURE(S)		2.					
SUR	NAME(S) & TITLE(S) (Typed)	1.	2.		,			

BOND	RATE PER THOUSAND (\$)	TOTAL (\$)
PREMIUM	\$5.41	\$42,514.00

- 1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of bonds, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of North Dukok County of 20 21 , before me personally appeared of the corporation that is described in and that he or she executed the within instrument, and acknowledged to me that such corporation executed the same.
Notary Public State of North Dakota My Commission Expires Jan. 14, 2022  My Commission Expires Jan. 14, 2022
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)
State of) County of)
On this day of 2021_, before me personally  Appeared known to be the person described in and who executed the within instrument, and acknowledged to me that he/she executed the same.
(NOTARIAL SEAL)
ACKNOWLEDGMENT OF SURETY
State of North Dakota County of Cass
On this _14th day ofOctober 20_21_, before me personally appearedRebecca J. Hecker known to be the person who is described in and whose name is subscribed to the within instrument as Attorney in Fact of Hartford Accident and Indemnity Company and acknowledged to me that he or she
Hartford Accident and Indemnity Company and acknowledged to me that he or she subscribed the name of Hartford Accident and Indemnity Company thereto as surety and his or her own name as Attorney in Fact.
(NOTARIAL SEAL) <u>MCVrave Cine</u>
JILL GRAVELINE Notary Public State of North Dakota My Commission Expires Jan. 28, 2023

Entered 11/26/24 19 Dect Inquires/Claims to: Doc 171-1 Filed 11/26/24 Exhibit A - Bonds Page 12 of 40 THE HARTFORD

**BOND, T-12** One Hartford Plaza Hartford, Connecticut 06155 Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

up to the amount of Unlimited:

Agency Code: 41-721584	
Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut	
Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana	
Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut	
Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut	
Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana	

Agency Name: MARSH & MCLENNAN AGENCY LLC

Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint,

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Braeden P Nelson of FARGO, North Dakota

Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T. Maynard Notary Public My Commission Expires July 31, 2021

Kathleen T. Maynard

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/14/2021 Signed and sealed at the City of Hartford.

















Kevin Heckman, Assistant Vice President

Case 24-30167 Filed 11/26/24 

1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is

Paperwork Reduction Act Statement - This Information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of

### **PAYMENT BOND**

(See instructions on reverse)

DATE BONA EXECUTED SMust be a line of Biten that date of

10/14/2021

OMB Control Number: 9000-0045 Expiration Date: 8/31/2022

9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Street, NW, Washington, DC 20405.					
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)				
Pro-Mark Services, Inc.	INDIVIDUA	L	PARTN	NERSHIPJ	OINT VENTURE
3275 Oak Ridge Loop E West Fargo, ND 58078	CORPORATION OTHER (Specify)				
	STATE OF INCORPORATION  North Dakota				
SURETY(IES) (Name(s) and business address(es))		PENA	LSU	M OF BOND	
Hartford Accident and Indemnity Company One Hartford Plaza	MILLION(S)	THOUSAN	\ /	HUNDRED(S)	CENTS 00
Hartford, CT 06155-0001	CONTRACT DATE				
			DO	# FA452821F0	0091

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

### WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

Pro-	-Mark Services	, Inc.	PRINCIPA	٩L				
SIG	NATURE(S)	1. (Seal)	2.	(Seal)	3.	(Seal)	Corporate	
TITL	ME(S) & _E(S) ped)	1. Chad DaBois President	2.		3.		Seal	
			INDIVIDUAL SUF	RETY(IES	5)			
SIGNATURE(S)		1. (Seal)			2. (Seal)			
	ME(S) ped)	1. 2.			2.			
			CORPORATE SU	RETY(IE	S)		i i i i	
Α.	NAME & ADDRESS	Hartford Accident and Indemnity Co One Hartford Plaza, Hartford, CT 06	ompany 1155-0001	STATE OF	INCORPORATION	\$219,310,000.00		
SURETY	SIGNATURE(S)	Leluca De	lucca Wecler				Corporate Seal	
SU	NAME(S) & TITLE(S)	Rebecca J. Hecker		2.			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	(Typed)	Attorney-In-Fact		<u> </u>		ا جذب سب		

# Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Desc Exhibit A - Bonds Page 14 of 40

	CORPORATE SURETY(IES) (Continued)								
SURETY B	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT \$						
	SIGNATURE(S)	1.	2.						
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal				
<u>၂</u>	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$					
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal				
SU	NAME(S) & TITLE(S) (Typed)	1.	2.						
٥	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$					
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal				
SU	NAME(S) & TITLE(S) (Typed)	1.	2.						
Ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$					
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal				
ns	NAME(S) & TITLE(S) (Typed)	1.	2.						
ī	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$					
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal				
ns	NAME(S) & TITLE(S) (Typed)	1.	2.						
٦	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$					
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal				
ns	NAME(S) & TITLE(S) (Typed)	1.	2.						

- 1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 USC Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LiABILITY LIMIT block is the penal sum (i.e., the face value) of the bond, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF F	PRINCIPAL (CORPORATION)
State of NOTH DAKAT  County of day of Othor  Chad DuBols	20 <u>21</u> , before me personally appeared dent of the corporation that is
described in and that he or she executed the within	
corporation executed the same.	
MANDY GRANT Notary Public (Nistate of North Dakota My Commission Expires Jan, 14, 2022	Mlandy Crant
ACKNOWLEDGMENT OF PRINCIP	AL (INDIVIDUAL OR PARTNERSHIP)
	, ()
State of) County of)	
On this day of known to be	20 <u>21</u> , before me personally
Appeared known to be	the person described in and who
executed the within instrument, and acknowledged	to me that he/she executed the same.
(NOTARIAL SEAL)	
	•
ACKNOWLEDG	MENT OF SURETY
State of North Dakota	
State of North Dakota County of Cass	
On this 14th day of October	20 <u>21</u> , before me personally
appeared Rebecca J. Hecker	known to be the person who is described in
and whose name is subscribed to the within instrum  Hartford Accident and Indemnity Company	· · · · · · · · · · · · · · · · · · ·
subscribed the name of Hartford Accident and Indemnity	and acknowledged to me that he or she  Company thereto as surety and
his or her own name as Attorney in Fact.	therete as surety and
·	$\bigcap$
Complete of the second	ALL STRIM (one
JILL GRAVELINE	- January
Notary Public State of North Dakota	$\vee$
My Commission Expires Jan. 28, 2023	•

Doc 171-1

Filed 11/26/24 Entered 11/26/24 19:072-01 Squirtes Claims to: Exhibit A - Bonds Page 16 of 40

THE HARTFORD **BOND, T-12 One Hartford Plaza** Hartford, Connecticut 06155

Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC Agency Code: 41-721584

X	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Χ	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Χ	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

**COUNTY OF HARTFORD** 

Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T. May rand

Kathleen T. Maynard Notary Public My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 10/14/2021 Signed and sealed at the City of Hartford.

















Kevin Heckman, Assistant Vice President

#### Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Exhibit A - Bonds Page 17 of 49 ond No.: 41BCSIX7663

# ► PERFORMANCE BOND

(See instructions on reverse)

DATE BOND EXECUTED (Must be same or later than date of

OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

09/15/2022

PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)				
Pro-Mark Services, Inc.	INDIVIDUAL	PART	TNERSH	IIP JOINT V	ENTURE
3275 Oak Ridge Loop E	CORPORATION	и Потн	ER (Spe	cify)	
West Fargo, ND 58078	لكا		9		
~ '	STATE OF INCORPORATION				
North Dakota					
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND				
SURE! (IES) (Name(s) and business address(co))	MILLION(S)	THOUSAND	D(S)	HUNDRED(S)	CENTS
Hartford Accident and Indemnity Company	000	173		481	00
One Hartford Plaza	CONTRACT DATE CONTRACT NUMBER				
Hartford, CT 06155-0001			820D0004		
	9/14/2022 DO # FA452822F0133			3	

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The Principal has entered into the contract identified above.

### THEREFORE:

The above obligation is void if the Principal-

- (a) (1) Performs and fulfills all the understanding, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(ies) and during the life of any guaranty required under the contract, and
- (2) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.
- Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 USC Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

#### WITNESS:

The Principal and Surety(ies) executed this performance bond and affixed their seals on the above date.

Pro-N	fark Services, I	nc.	PRINCIPAL					
SIGNATURE(S)		1. (Seal)	2.	3. (Seal)		(Seal)		
NAME(S) & TITLE(S) (Typed)		<sup>1</sup> ·Chad DuBois President	2.		3.		Corporate Seal	
			INDIVIDUAL SURE	ΓY(IES)				
SIGNATURE(S)		1.	(Sea	2.			(Seal)	
NAME(S) (Typed)		1.		2.		, vi-11000		
. ,,	,		CORPORATE SURE	TY(IES)		1 1 1 1 1 1		
	NAME & ADDRESS	Hartford Accident and Indemnity Con One Hartford Plaza, Hartford, CT 0618	npany 55-0001	STATE OF IN	CORPORATION it	LIABILITY LIMIT (\$) \$240,438,000.00	Comparato	
RETY	SIGNATURE(S)	1. Al Grayeli	re,	2.		1 pz. 77	Corporate Seal	
SURE	NAME(S) & TITLE(S) (Typed)	Jill Graveline Attorney-In-Fact	14	2.				

# Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Desc Exhibit A - Bonds Page 18 of 40

CODDODA'	TE CHDETV//	ES) (Continued)
LURYURA	ic aurei iii	- 31 : 400111111111111111

		CORPORATE SURETY(IES	) (Continuea)		
<u>m</u>	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT		
SURETY B	SIGNATURE(S)	1,			Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		
ပ	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT (\$)		
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
S	NAME(S) & TITLE(S) (Typed)	1.	2.		
	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)	
SURETY D	SIGNATURE(S)	1.	2.		Corporate Seal
	NAME(S) & TITLE(S) (Typed)	1.	2.		
ш	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT (\$)		Corporate Seal
SURETY	SIGNATURE(S)	1.	2.		
SUF	NAME(S) & TITLE(S) (Typed)	1.	2.		
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)	
SURETY F	SIGNATURE(S)	1.	2.		Corporate Seal
S	NAME(S) & TITLE(S) (Typed)	1.	2.		
	NAME &		STATE OF INCORPORATION	LIABILITY LIMIT (\$)	
SURETY	SIGNATURE(S)	1.	2,		Corporate Seal
SUR	NAME(S) & TITLE(S) (Typed)	1.	2.		

BOND	RATE PER THOUSAND (\$)	TOTAL (\$)
PREMIUM	\$6.80	\$1,180.00

- 1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of bonds, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of NOW OWOW) County of O
On this day of day of 20 22 , before me personally appeared of the corporation that is
described in and that he or she executed the within instrument, and acknowledged to me that such
corporation executed the same
MANDY GRANT Notary Public (State of North Dakota My Commission Expires Jan. 14, 2026)
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)  State of
ACKNOWLEDGMENT OF SURETY  State of North Dakota County of Cass On this 15th day of September 20 22, before me personally
appeared Jill Graveline known to be the person who is described in
and whose name is subscribed to the within instrument as Attorney in Fact of  Hartford Accident and Indemnity Company and acknowledged to me that he or she
subscribed the name of Hartford Accident and Indemnity Company thereto as surety and
his or her own name as Attorney in Fact.
JENNA KILL Notary Public State of North Dakota My Commission Expires Oct. 8, 2025

Case 24-30167

Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Des

Agency Name: MARSH & MCLENNAN AGENCY LLC

Exhibit A - Bonds Page 20 of 40

Direct Inquiries/Claims to: THE HARTFORD BOND, T-11

BOND, T-11 One Hartford Plaza Hartford, Connecticut 06155

#### Bond.Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

# POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS THAT:

FEROORS BY THESE PROCESS TO THE	Agency Code: 41-721584
Hartford Fire Insurance Company, a corpora	ntion duly organized under the laws of the State of Connecticut
Hartford Casualty Insurance Company, a c	orporation duly organized under the laws of the State of Indiana
Hartford Accident and Indemnity Company	, a corporation duly organized under the laws of the State of Connecticut
Hartford Underwriters Insurance Company	t, a corporation duly organized under the laws of the State of Connecticut
Twin City Fire Insurance Company, a corpo	ration duly organized under the laws of the State of Indiana
Hartford Insurance Company of Illinois, a	corporation duly organized under the laws of the State of Illinois
Hartford Insurance Company of the Midwe	est, a corporation duly organized under the laws of the State of Indiana

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by \( \subseteq \), and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/15/2022

Signed and sealed in Lake Mary, Florida.

















Keth Doyous

11/26/24 19:03:18 Case 24-30167 Doc 171-1 Filed 11/26/24

- Ronds DATE BOND EXECUTED (Must be same or later than date of

**PAYMENT BOND** 

(See instructions on reverse)

contract)

09/15/2022

OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

CONTRACT NUMBER

FA452820D0004

DO # FA452822F0133

CONTRACT DATE

9/14/2022

(Ooo mondoners are			O of the Deported	rk Poduction Act	of				
aperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 900-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including uggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F									
Street, NW, Washington, DC 20405.		TYPE OF ORGA	NIZATION ("X" or	10)					
PRINCIPAL (Legal name and business address)		INDIVIDUAL	. PARTN	ERSHIP JO	DINT VENTURE				
Pro-Mark Services, Inc.		X CORPORATION OTHER (Specify)							
3275 Oak Ridge Loop E		X CORPORAT	TION MOTHER	( (Бреспу)					
West Fargo, ND 58078 STATE OF INCORPORATION									
		North Dakota							
CURETY (UEO) (Alama(a) and business address(as))		PENAL SUM OF BOND							
SURETY(IES) (Name(s) and business address(es))	-	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS				
Hartford Accident and Indemnity Company		000	173	481	00				

### **OBLIGATION:**

One Hartford Plaza

Hartford, CT 06155-0001

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

# WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

Pro-	Mark Services,	Inc.	PRINCIPA	AL.			
	NATURE(S)	1. (Seal)	2.	(Seal)	3.	(Seal)	Corporate Seal
	ME(S) & LE(S) ped)	Chad DuBois     President	2.		3.		Joan
_			INDIVIDUAL SUF	RETY(IES	3)		
SIG	NATURE(S)	1.	(Seal)	2.			(Seal)
NAME(S) (Typed)		1.		2.			Continue (p
_			CORPORATE SU	RETY(IE	:S)	()	
_	NAME & ADDRESS	Hartford Accident and Indemnity C One Hartford Plaza, Hartford, CT 0	Company 6155-0001	STATE O	F INCORPORATION	LIABILITY LIMIT \$240,438,000.00	
7	SIGNATURE(S)	1 0.		2.		,	Corporate Seal
SURET	NAME(S) & TITLE(S) (Typed)	Jill Graveline Attorney In-Fact		2.			OFA (PEV 0/204

		CORPORATE SURETY(	IES) (Continued)			
В	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$		
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	1.	2.			
5	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	Carmarata	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	1.	2.			
SURETY D	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT	0	
	SIGNATURE(S)	1.	2.		Corporate Seal	
	NAME(S) & TITLE(S) (Typed)	1.	2.			
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT	O insta	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	1.	2.			
ш.	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$		
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	1.	2.			
_ _	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	•	
	SIGNATURE(S)	1.	2.		Corporate Seal	
SURETY	NAME(S) & TITLE(S) (Typed)	1.	2.			

- 1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 USC Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of the bond, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

Case 24-30167

Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Direct Inquiries/Claims to:

Exhibit A - Bonds Page 24 of 40

# WER OF ATTOR

THE HARTFORD BOND, T-11 **One Hartford Plaza** Hartford, Connecticut 06155 Bond,Claims@thehartford.com call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC

Agency Code: 41-721584

Х	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Χ	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
X	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by M, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority



Jessica Ciccone My Commission HH 122280

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/15/2022

Signed and sealed in Lake Mary, Florida.

















#### Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Exhibit A - Bonds Page 25 of 40 Bond No.: 41BCSIX7668

PERFORMANCE BOND (See instructions on reverse)

DATE BOND EXECUTED (Must be same or later than date of contract)

09/28/2022

OMB Control Number: 9000-0045

Expiration Date: 8/31/2025

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)				
Pro-Mark Services, Inc.  2275 Oak Ridge Loop E  West Fargo, ND 58078    INDIVIDUAL   PARTNERSHIP   JOIN   J					VENTURE
	North Dakota				
SURETY(IES) (Name(s) and business address(es))		PENAL S	AL SUM OF BOND		
Hartford Accident and Indemnity Company	MILLION(S)	THOUSAN	` '	HUNDRED(S)	CENTS 00
One Hartford Plaza Hartford, CT 06155-0001			RACT NUMBER 917DC002 - FA	465922F005	
	9/28/2022				

#### OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Surelles are corporations acting as co-surelles, we, the Surelles, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The Principal has entered into the contract identified above.

#### THEREFORE:

The above obligation is void if the Principal-

- (a) (1) Performs and fulfills all the understanding, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(ies) and during the life of any guaranty required under the contract, and
- (2) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(les) are waived.
- Pays to the Government the full amount of the taxes imposed by the Government, If the said contract is subject to 41 USC Chapter 31, Subchapter ill, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

#### WITNESS:

The Principal and Surety(les) executed this performance bond and affixed their seals on the above date.

Pro-	Mark Services,	Inc.	PRINCIPAL	•				
SIGNATURE(S)		1. (Seal)	2.	(Seal	3.	(Seal)	Corporato	
NAME(S) & TITLE(S) (Typed)		1 Charl DuBols President	2.	3.			Corporate Seal	
			INDIVIDUAL SURE	TY(IES)				
SIG	NATURE(S)	1.	(Se	2. al)			(Seal)	
	NAME(S) (Typed) 2.							
		•	CORPORATE SUR	ETY(IES)			•	
<	NAME & ADDRESS	Hartford Accident and Indemnity Con One Hartford Plaza, Hartford, CT 0618	, ,	STATE OF IN	CORPORATION I	LIABILITY LIMIT (\$) \$240,438,000.00		
SURET	SIGNATURE(S)	1	celr	2.			Corporate Seal	
	NAME(S) & TITLE(S)	Rebecca J. Hecker				:		
	(Typed)	Attorney-In-Fact						

# Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Desc Exhibit A - Bonds Page 26 of 40

š	CORPORATE SURETY(IES) (Continued)					
<b></b>	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)		
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal	
S	NAME(S) & TITLE(S) (Typed)	1.	2.			
ပ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)		
SURETY	SIGNATURE(S)	1,	2.		Corporate Seal	
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		, Seai	
۵	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)		
SURETY D	SIGNATURE(S)	1.	2.	Western Control of the Control of th		
	NAME(S) & TITLE(S) (Typed)	1.	2.		Seal	
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)		
SURETY E	SIGNATURE(S)	1.	2.		Corporate Seal	
ns 	NAME(S) & TITLE(S) (Typed)	1.	2.			
μ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)		
SURETY F	SIGNATURE(S)	1.	2.		Corporate Seal	
S	NAME(S) & TITLE(S) (Typed)	1,	2.			
	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT (\$)  2.  2.			
SURETY	SIGNATURE(S)	1.			Corporate Seal	
son	NAME(S) & TITLE(S) (Typed)	1.				
		BOND RATE PER THOUSAND (\$)	TOTAL (\$)			

BOND	RATE PER THOUSAND (\$)	TOTAL (\$)
PREMIUM	-	\$3,082.00

- 1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of bonds, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When Individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided,

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of NOWN DAVOV.  County of
On this day of 20_22_, before me personally appeared of the corporation that is
described in and that he or she executed the within instrument, and acknowledged to me that such
corporation executed the same.
MANDY GRANT  Notary Public  State of North Dakota  My Commission Expires Jan. 14, 2026
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)
State of) County of)
On this day of 2022_, before me personally  Appeared known to be the person described in and who executed the within instrument, and acknowledged to me that he/she executed the same.
(NOTARIAL SEAL)
ACKNOWLEDGMENT OF SURETY
State of North Dakota County of Cass
On this <u>28th</u> day of <u>September</u> <u>20 22</u> , before me personally appeared <u>Rebecca J. Hecker</u> known to be the person who is described in and whose name is subscribed to the within instrument as Attorney in Fact of
Hartford Accident and Indemnity Company and acknowledged to me that he or she
subscribed the name of Hartford Accident and Indemnity Company thereto as surety and
his or her own name as Attorney in Fact.  (NOTARIAL SEAL)  JILL GRAVELINE Notary Public State of North Dakota My Commission Expires Jan. 28, 2023

Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03-19 Entered 11/26/24 Entered 11/26/24 19:03-19 Entered 11/26/24 E

Exhibit A - Bonds Page 28 of 40

# WER OF ATTOR

THE HARTFORD **BOND, T-11** One Hartford Plaza Hartford, Connecticut 06155 Bond, Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC Agency Code: 41-721584

	X	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
-	X	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
ĺ	Х	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
		Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
		Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
		Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
		Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
ſ		Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

Lake Marv

On this 20th day of May, 2021, before me personally came Joelle LaPlerre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone My Commission HH 122280 Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/28/2022

Signed and sealed in Lake Mary, Florida.

















Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Exhibit A - Bonds Page 20 tof: 4 (BCS) X7668

PAYMENT BOND

(See instructions on reverse)

DATE BOND EXECUTED (Must be same or later than date of contract)

OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

09/28/2022 Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F

Street, NW, Washington, DC 20405.	(a.				
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)				
Pro-Mark Services, Inc.	INDIVIDUALPARTNERSHIPJOINT VENTURE				
3275 Oak Ridge Loop E	CORPORATION OTHER (Specify)				
West Fargo, ND 58078	STATE OF INCORPORATION  North Dakota				
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND				
Hartford Accident and Indemnity Company One Hartford Plaza	MILLION(S) THOUSAND(S) HUNDRED(S) CENTS 000 453 164 00				
Hartford, CT 06155-0001	CONTRACT DATE				
	VIAVIAVAN				

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

#### WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

Pro	-Mark Services	i, Inc.	PRINCIPA	AL				
SIGNATURE(S)		1. (Seal)	2.	(Seal)	3. (Seal)		Corporate	
NAME(S) & TITLE(S) (Typed)		Char DuBois     President	2,		3.		Seal	
			INDIVIDUAL SUI	RETY(IES	)			
SIGNATURE(S)		1.	(Seal)	(Seal) 2.			(Seal)	
	ME(S) ped)	1.		2.				
			CORPORATE SU	RETY(IE	S)			
⋖	NAME & ADDRESS	Hartford Accident and Indemnity Cone Hartford Plaza, Hartford, CT 06	ompany 6155-0001	STATE OF	INCORPORATION	LIABILITY LIMIT \$240,438,000.00		
SURETY	SIGNATURE(S)	"Relucea of Declar					Corporate Seal	
S	NAME(S) & TITLE(S)	Rebecca J. Hecker		2.				
	(Typed)	Attorney-in-Fact		1				

	CORPORATE SURETY(IES) (Continued)						
SURETY B	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$			
	SIGNATURE(S)	1.	2.		Corporate Seal		
SU	NAME(S) & TITLE(S) (Typed)	1.	2.				
ပ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$			
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
SU	NAME(S) & TITLE(S) (Typed)	1.	2.				
_	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT			
SURETY	SIGNATURE(S)	1.	2.	-	Corporate Seal		
	NAME(S) & TITLE(S) (Typed)	1.	2.		<b>334</b>		
Ē	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT			
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
ns	NAME(S) & TITLE(S) (Typed)	1.	2.				
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT S			
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
	NAME(S) & TITLE(S) (Typed)	1.	2.				
Ó	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$			
SURETY	SIGNATURE(S)	1.	2.	_	Corporate Seal		
ns	NAME(S) & TITLE(S) (Typed)	1.	2.				

- 1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 USC Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.
- Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of the bond, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PI	RINCIPAL (CORPORATION)
State of NO HA DUKOK ) County of (ASS)	
On this day of OCTOBE	20 <u>22</u> , before me personally appeared
	ent of the corporation that is
described in and that he or she executed the within in	nstrument, and acknowledged to me that such
corporation executed the same.	
MANDY GRANT Notary Public NOState of North Dakota My Commission Expires Jan. 14, 2026	Wandy Grant
ACKNOWLEDGMENT OF PRINCIPA	AL (INDIVIDUAL OR PARTNERSHIP)
State of)	
County of	
On this day of	2022 hofore me personally
On this day of known to be	the person described in and who
executed the within instrument, and acknowledged to	o me that he/she executed the same.
(NOTARIAL SEAL)	
	· · · · · · · · · · · · · · · · · · ·
ACKNOWLEDGM	ENT OF SURETY
State of North Daketa	
State of North Dakota County of Cass	
On this cost day of Santambar	20.00 hafara wa maranalla
On this <u>28th</u> day of <u>September</u> appeared Rebecca J. Hecker	20_22_, before me personally known to be the person who is described in
and whose name is subscribed to the within instrume	
Hartford Accident and Indemnity Company	_ and acknowledged to me that he or she
subscribed the name of <u>Hartford Accident and Indemnity C</u> his or her own name as Attorney in Fact.	ompany thereto as surety and
ms of her own name as Attorney in Fact.	
(NOTA JILL GRAVELINE	Ju Grave Cine
State of North Dakota	ya water ne
My Commission Expires Jan. 28, 2023	

Filed 11/26/24 Entered 11/26/24 19:03:18 Entered 11/26/24 Ente Doc 171-1

Exhibit A - Bonds Page 32 of 40

# WER OF ATTOR

THE HARTFORD BOND, T-11 One Hartford Plaza Hartford, Connecticut 06155 Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC

Agency Code: 41-721584

Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut

Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut

Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut

Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana

Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois

Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana

Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by 🗵, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

Lake Marv

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone My Commission HH 122280 Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/28/2022

Signed and sealed in Lake Mary, Florida.

















Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Desc

1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including

# Exhibit A - Bonds Page 33 of 4 Bond No.: 41BCSIX7669

# PERFORMANCE BOND

(See instructions on reverse)

DATE BOND EXECUTED (Must be same or later than date of contract)

09/28/2022

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of

OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

suggestions for reducing this burden, or any other aspects of this collection of information. Street, NW, Washington, DC 20405.	mation to: General Services Administration, F	tegulatory Secret	anat Division (MTVT	.CB), 1800 F	
PRINCIPAL (Legal name and business address)	TYPE OF ORGANI	ZATION ("X" one			
Pro-Mark Services, Inc. INDIVIDUAL PARTNERSHIP JOIN			RSHIP JOINT	VENTURE	
3275 Oak Ridge Loop E West Fargo, ND 58078	X CORPORATION OTHER (Specify)				
	STATE OF INCOR	PORATION		······································	
	North Dakota				
SURETY(IES) (Name(s) and business address(es))		PENAL SUM	OF BOND		
Hortford Applicant and Indomnity Commun.	MILLION(S)	THOUSAND(S)	HUNDRED(S)	CENTS	
Hartford Accident and Indemnity Company			00		
	CONTRACT DATE	co	NTRACT NUMBER		
Hartford, CT 06155-0001		FA	251720D0010		
	9/28/2022	bo	# FA254322F005	8	

#### **OBLIGATION:**

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds Itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit of liability is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The Principal has entered into the contract identified above.

#### THEREFORE:

The above obligation is void if the Principal-

- (a) (1) Performs and fulfills all the understanding, covenants, terms, conditions, and agreements of the contract during the original term of the contract and any extensions thereof that are granted by the Government, with or without notice of the Surety(les) and during the life of any guaranty required under the contract, and
- (2) Performs and fulfills all the undertakings, covenants, terms, conditions, and agreements of any and all duly authorized modifications of the contract that hereafter are made. Notice of those modifications to the Surety(ies) are waived.
- (b) Pays to the Government the full amount of the taxes imposed by the Government, if the said contract is subject to 41 USC Chapter 31, Subchapter III, Bonds, which are collected, deducted, or withheld from wages paid by the Principal in carrying out the construction contract with respect to which this bond is furnished.

#### WITNESS:

The Principal and Surety(les) executed this performance bond and affixed their seals on the above date.

Pro-l	Mark Services, I	inc.	PRINCIPAL					
SIGN	ATURE(S)	1. (Seal)	2.	(Seal)	3.	(Seal)		
NAME(S) & TITLE(S) (Typed)		<sup>1</sup> Chad buBois President	2.	3.			Corporate Seal	
			INDIVIDUAL SURET	Y(IES)				
SIG	NATURE(S)	1.	(Seal)	2.			(Seal)	
NAMi (Type		1,		2.				
			CORPORATE SURET	Y(IES)		, , , , , , , , , , , , , , , , , , , ,	V.,	
٨	NAME & ADDRESS	Hartford Accident and Indemnity Com One Hartford Plaza, Hartford, CT 0615	•	STATE OF INC	CORPORATION	LIABILITY LIMIT (\$) \$240,438,000.00		
SURETY	SIGNATURE(S)	1. Pm		2.			Corporate Seal	
	NAME(S) & TITLE(S) (Typed)	Braeden P Nelson Attorney-In-Fact		2.			Jean	

# Case 24-30167 Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Desc

	CORPORATE SURETY(IES) (Continued) 40						
89	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
ns	NAME(S) & TITLE(S) (Typed)	1.	2.				
ر د	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		oodi		
٥	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.	2.				
ns	NAME(S) & TITLE(S) (Typed)	1.	2.				
ш	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)			
SURETY	SIGNATURE(S)	1.	2.				
sul	NAME(S) & TITLE(S) (Typed)	1,	2.		Seal		
μ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT (\$)			
SURETY F	SIGNATURE(S)	1.	2.		Corporate Seal		
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		•		
ū	NAME & ADDRESS		STATE OF INCORPORATION LIABILITY LIMIT (				
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal		
ns —	NAME(S) & TITLE(S) (Typed)	1.	2.				

BOND	RATE PER THOUSAND (\$)	TOTAL (\$)
PREMIUM	\$6.25	\$8,911.00

- 1. This form is authorized for use in connection with Government contracts. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of bonds, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter Identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of MINN DAVOTA  County of
On this day of 20_22_, before me personally appeared of the corporation that is
described in and that he or she executed the within instrument, and acknowledged to me that such corporation executed the same.
MANDY GRANT Notary Public (N Stafe of North Dakota Ny Commission Expires Jan. 14, 2026)
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)  State of
ACKNOWLEDGMENT OF SURETY
State of North Dakota)
County of Cass )
On this _28th day of September 20_22 , before me personally
appeared Braeden P Nelson known to be the person who is described in
and whose name is subscribed to the within instrument as Attorney in Fact of
Hartford Accident and Indemnity Company and acknowledged to me that he or she
subscribed the name of Hartford Accident and Indemnity Company thereto as surety and his or her own name as Attorney in Fact.
JILL GRAVELINE Notary Public State of North Dakota My Commission Expires Jan. 28, 2023

Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:02:01 Filed 11/26/24 Entered Entered 11/26/24 Entered En

Exhibit A - Bonds Page 36 of 40

THE HARTFORD BOND, T-11 **One Hartford Plaza** Hartford, Connecticut 06155 Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC

Agency Code: 41-721584

Χ	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Х	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Χ	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by [X], and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone My Commission HH 122280 Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/28/2022

Signed and sealed in Lake Mary, Florida.

















Case 24-30167	Doc 171-1	Filed 11/26/24	Entered 1416261626619:03:18	Desc

## PAYMENT BOND

(See instructions on reverse)

DATE BOND EXECUTED Music of Land of Infantial Late of Contract)

09/28/2022

OMB Control Number: 9000-0045 Expiration Date: 8/31/2025

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 USC § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0045. We estimate that it will take 1 hour to read the instructions, gather the facts, and answer the questions. Send only comments retailing to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW. Washington, DC 20405.

Charli transmigrant we motion	
PRINCIPAL (Legal name and business address)	TYPE OF ORGANIZATION ("X" one)
Pro-Mark Services, Inc. 3275 Oak Ridge Loop E	☐INDIVIDUAL ☐PARTNERSHIP ☐JOINT VENTURE  ☐ CORPORATION ☐ OTHER (Specify)
West Fargo, ND 58078	STATE OF INCORPORATION  North Dakota
SURETY(IES) (Name(s) and business address(es))	PENAL SUM OF BOND
SOMETTIES) (Ivalia(s) and business address(es))	FEINAL SOWI OF BOIND
	MILLION(S) THOUSAND(S) HUNDRED(S) CENTS
Hartford Accident and Indemnity Company	001 426 283 00
One Hartford Plaza	CONTRACT DATE CONTRACT NUMBER
Hartford, CT 06155-0001	
,,	9/28/2022 FA251720D0010
	DO # FA254322F0058

#### OBLIGATION:

We, the Principal and Surety(ies), are firmly bound to the United States of America (hereinafter called the Government) in the above penal sum. For payment of the penal sum, we bind ourselves, our heirs, executors, administrators, and successors, jointly and severally. However, where the Sureties are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" as well as "severally" only for the purpose of allowing a joint action or actions against any or all of us. For all other purposes, each Surety binds itself, jointly and severally with the Principal, for the payment of the sum shown opposite the name of the Surety. If no limit is indicated, the limit of liability is the full amount of the penal sum.

#### CONDITIONS:

The above obligation is void if the Principal promptly makes payment to all persons having a direct relationship with the Principal or a subcontractor of the Principal for furnishing labor, material or both in the prosecution of the work provided for in the contract identified above, and any authorized modifications of the contract that subsequently are made. Notice of those modifications to the Surety(ies) are waived.

#### WITNESS:

The Principal and Surety(ies) executed this payment bond and affixed their seals on the above date.

-Mark Services	, Inc.	:	PRINCIPA	\L			
NATURE(S)	1. (Seal)	2.		(Seal)	3.	(Seal)	Corporate
LE(S)	1. Chad DuBois President	2.			3.		Seal
		INDIVID	UAL SUR	ETY(IES	)		
SNATURE(S)	1.		(Seal)	2.			(Seal)
	1.			2.			
		CORPO	RATE SU	RETY(IE	S)		
NAME & ADDRESS	Hartford Accident and Indemnity Company One Hartford Plaza, Hartford, CT 06155-0001					LIABILITY LIMIT \$240,438,000.00	
SIGNATURE(S)	1 Pm		2.			Corporate Seal	
NAME(S) & TITLE(S) (Typed)	Braeden P Nelson Attorney-In-Fact			2.			
	SNATURE(S)  ME(S) & LE(S) ped)  SNATURE(S)  ME(S) ped)  NAME & ADDRESS  SIGNATURE(S)  NAME(S) & TITLE(S)	(Seal)  ME(S) & 1. Chad DuBois President  ENATURE(S) 1.  ME(S) 1.  ME(S) 1.  ME(S) 1.  MAME & ADDRESS One Hartford Accident and Indemnity (One Hartford Plaza, Hartford, CT (One Hartford) Plaza, Plaz	Individual (Seal)  ME(S) & I. Chad DuBois President  INDIVIDUAL (Seal)  Individual (Seal)	Individual Survived States of the States of	Individual Sure Ty(ies (Seal) (Seal)    ME(S) & LE(S)   President	Individual Sure (Seal)    Seal   Seal	SANTURE(S)   1.

		CORPORATE SURETY	IES) (Continued)		
SURETY B	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY C	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY D	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
	SIGNATURE(S)	1.	2.		Corporate Seal
SU	NAME(S) & TITLE(S) (Typed)	1.	2.		·
SURETY E	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
	SIGNATURE(S)	1.	2.		Corporate Seal
S	NAME(S) & TITLE(S) (Typed)	1.	2.		
Ŀ	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
SURETY	SIGNATURE(S)	1.	2.		Corporate Seal
S	NAME(S) & TITLE(S) (Typed)	1.	2.		
SURETY G	NAME & ADDRESS		STATE OF INCORPORATION	LIABILITY LIMIT \$	
	SIGNATURE(S)	1.	2.		Corporate Seal
ns	NAME(S) & TITLE(S) (Typed)	1.	2.		

- 1. This form, for the protection of persons supplying labor and material, is used when a payment bond is required under 40 USC Chapter 31, Subchapter III, Bonds. Any deviation from this form will require the written approval of the Administrator of General Services.
- 2. Insert the full legal name and business address of the Principal in the space designated "Principal" on the face of the form. An authorized person shall sign the bond. Any person signing in a representative capacity (e.g., an attorney-in-fact) must furnish evidence of authority if that representative is not a member of the firm, partnership, or joint venture, or an officer of the corporation involved.
- 3. (a) Corporations executing the bond as sureties must appear on the Department of the Treasury's list of approved sureties and must act within the limitations listed therein. The value put into the LIABILITY LIMIT block is the penal sum (i.e., the face value) of the bond, unless a co-surety arrangement is proposed.
- (b) When multiple corporate sureties are involved, their names and addresses shall appear in the spaces (Surety A, Surety B, etc.) headed "CORPORATE SURETY(IES)." In the space designated "SURETY(IES)" on the face of the form, insert only the letter identifier corresponding to each of the sureties. Moreover, when co-surety arrangements exist, the parties may allocate their respective limitations of liability under the bonds, provided that the sum total of their liability equals 100% of the bond penal sum.
- (c) When individual sureties are involved, a completed Affidavit of Individual Surety (Standard Form 28) for each individual surety shall accompany the bond. The Government may require the surety to furnish additional substantiating information concerning its financial capability.
- 4. Corporations executing the bond shall affix their corporate seals. Individuals shall execute the bond opposite the words "Corporate Seal", and shall affix an adhesive seal if executed in Maine, New Hampshire, or any other jurisdiction requiring adhesive seals.
- 5. Type the name and title of each person signing this bond in the space provided.

ACKNOWLEDGMENT OF PRINCIPAL (CORPORATION)
State of NOKA DAVOTA )
County of
County of
On this day of
Chad DuBois known to be the President of the corporation that i
described in and that he or she executed the within instrument, and acknowledged to me that such
corporation executed the same.
MANDY GRANT
Notary Public \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Notary Public State of North Dakota) Sty Commission Expires Jan. 14, 2026
The Collimnsoir Entering
ACKNOWLEDGMENT OF PRINCIPAL (INDIVIDUAL OR PARTNERSHIP)
04-4
State of) County of)
County of
On this day of 20 <u>22</u> , before me personally Appeared known to be the person described in and who
Appeared known to be the person described in and who
executed the within instrument, and acknowledged to me that he/she executed the same.
(NOTABIAL CEAL)
(NOTARIAL SEAL)
A CIVALONAL ED CAMENT OF CUIDETY
ACKNOWLEDGMENT OF SURETY
State ofNorth Dakota)
County of Cass
On this <u>28th</u> day of <u>September</u> <u>20 22</u> , before me personally
appeared Braeden P Nelson known to be the person who is described in
and whose name is subscribed to the within instrument as Attorney in Fact of
Hartford Accident and Indemnity Company and acknowledged to me that he or she
subscribed the name of Hartford Accident and Indemnity Company thereto as surety and
his or her own name as Attorney in Fact.
(NOTARIAL SEAL)  Julyang Cine
Constitution of the Consti
ILL GRAVELINE
Notary Public State of North Dakota
My Commission Expires Jan. 28, 2023
The state of the s

Doc 171-1 Filed 11/26/24 Entered 11/26/24 19:03:18 Inquiries Claims to: Exhibit A - Bonds Page 40 of 40

# OF ATTOR

BOND, T-11 One Hartford Plaza Hartford, Connecticut 06155 Bond, Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH & MCLENNAN AGENCY LLC Agency Code: 41-721584

Х	Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Χ	Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Χ	Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
	Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
	Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
	Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
	Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Daniel Armbrust, Thomas Dawson, Jill Graveline, Rebecca J. Hecker, Bridget Helm, Beth N. Johnston, Braeden P Nelson of FARGO, North Dakota

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by X, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

















Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

**COUNTY OF SEMINOLE** 

Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



My Commission HH 122280 Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of 09/28/2022

Signed and sealed in Lake Mary, Florida.















